Utah State Office of Education
School Building Certificate of Inspection Verification

Name of school _____

Address of school _____

School district _____

Municipal or County Jurisdiction _____

Type of Construction   New _____   Addition _____   Remodel _____

Description of work _____

Owner of School _____

Address _____

Superintendent or Executive Officer _____

Building Code and Edition _____

Construction Classification _____ Occupancy Group _____ Use _____

Occupant Load _____   Fire Sprinkled   Yes _____   No _____

Date of Issuance of Permanent Certificate of Occupancy _____

Temporary Certificate of Occupancy   _____30 Days   ___ 60 Days   ___ 90 Days
         From Date: _____

Final Additional Square Footage _____ Final Remodeled Square Footage _____
    Square Footage Final from Original SP Forms: *No Change ___ Increase ___ Decrease ___*

Final Construction Cost $_____
    Construction Cost Final from Original SP: *No Change ___ Increase ___ Decrease ___*

Project General Contractor   _____

> The structure(s) or portions thereof have been inspected for compliance with the requirements of the state adopted building code for the occupancy and the division of occupancy and the use for which it is classified.

Building Inspections—Inspection Agency/Individual_____

Special Inspections—Inspection Agency/Individual_____

Fire Inspections—Utah State Fire Marshal (Individual)_____

Political Subdivision Land Use Review Completed _____

<u>Certified Plan Review:</u>

Plan Reviewer _____ **ICC Certified Plans Examiner? Yes** ____
Plan Reviewer _____ **ICC Certified Plans Examiner? Yes** ____

<u>Structural Peer Review (if over $300,000):</u>

Peer Reviewer _____**Organization** _____
Peer Reviewer _____**Organization** _____

<u>Final Inspection by Building Inspector:</u>

Inspector _____**License No./Discipline(s)** _____
Inspector _____**License No./Discipline(s)** _____

<u>Final Fire Inspection (Certificate of Fire Clearance) by State Fire Marshal:</u>

Inspector _____**License No./Discipline(s)** _____
Inspector _____**License No./Discipline(s)** _____

<u>State Elevator Inspection & Boiler Inspection (when installed):</u>

Inspector _____**License No./Discipline(s)** _____
Inspector _____**License No./Discipline(s)** _____

I hereby certify that the information provided herein is true and accurate to the best of my knowledge and that all inspections have been completed in accordance with the state adopted building code.

_____
School District Board of Education Chair or Charter School Board Chair

_____
Title   **Date**

_____
School District Building Official (where applicable)   **Date**